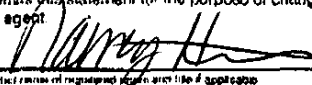
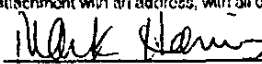


Apr. 29. 2005 7:23AM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90988 015 ***150.00

DOCUMENT # P04000138397			
1. Entity Name GOFLIGHT AVIATION SERVICES INC.			
Principal Place of Business 848 CHRISTINA CIR. OLDSMAR, FL 34677		Mailing Address 848 CHRISTINA CIR. OLDSMAR, FL 34677	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1712368		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, SHERRI 848 CHRISTINA CIR. OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name NANCY J. Harris Street Address (P.O. Box Number is Not Acceptable) 3109 Tamiami Trail #3 City Port Charlotte FL Zip Code 33952	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  NANCY Harris DATE: 4/29/05 (Signature, typed or printed name of registered agent, and date of application) (NOTE: Registered Agent's signature is required when registering.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HARRIS, MARK 848 CHRISTINA CIR OLDSMAR, FL 34677 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  MARK Harris DATE: 4/29/05 TELEPHONE: 813 731 6074 SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR			